

	<p align="center"><b>STATE BOARD OF PHARMACY</b>  800 SW Jackson, Suite 1414  Topeka, Kansas 66612-1244  www.pharmacy.ks.gov (785)296-4056</p>	<p align="center"><b>SUPPLEMENTAL APPLICATION:  Corporate Ownership  Form S-330</b></p>
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*All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff.*

### SUPPORTING DOCUMENTATION

You **MUST** submit your Certificate of Incorporation or corporate non-profit documents with this form.

*Note: A copy of the Bylaws must be made available to the Board if the Board so requests.*

### APPLICANT INFORMATION

Name of Pharmacy/Facility (DBA name if applicable)			Phone Number
Address of Pharmacy/Facility			
City	State	Zip	County
Name of Corporation			
Address of Corporation (if different)			
City	State	Zip	County
Federal Employer Identification Number (FEIN)			Phone Number

### CORPORATE OFFICERS

If additional space is needed, please attach additional copies of this page.

Officer Name 1			Title
Address of Record			% Ownership of Corporation
City	State	Zip	County
Officer's Kansas Board of Pharmacy License Number & Type (if applicable)			

Officer Name 2			Title
Address of Record			% Ownership of Corporation
City	State	Zip	County
Officer's Kansas Board of Pharmacy License Number & Type (if applicable)			

### AUTHORIZED AGENT CERTIFICATION

*I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**STATE BOARD OF PHARMACY**

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**SUPPLEMENTAL APPLICATION:  
Corporate Ownership  
Form S-330****SHAREHOLDERS**

*Companies that are not publically traded must complete this portion of the form.*

List name, address, & percent ownership of all shareholders for the corporation listed on the previous page. If any of the shareholders listed below is an LLC, Partnership, or Corporation, a separate business entity form (Form S-310, S-320, or S-330) must also be completed for each shareholder.

**Total ownership percentages must equal 100%.** If additional space is needed, please attach additional copies of this page.

Shareholder Name			Title
Address of Record			% Ownership of Corporation
City	State	Zip	County
Shareholder's Kansas Board of Pharmacy License Number & Type (if applicable)			

Shareholder Name			Title
Address of Record			% Ownership of Corporation
City	State	Zip	County
Shareholder's Kansas Board of Pharmacy License Number & Type (if applicable)			

Shareholder Name			Title
Address of Record			% Ownership of Corporation
City	State	Zip	County
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